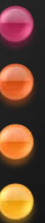


Medical Home System Advisory Council

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October 29, 2010



Medical Home System Advisory Council

- Began meeting November 2008
- Developed recommendations for the Iowa General Assembly in March 2009
- One of nine advisory councils created and work closely together as a team
- Representatives include policy makers, key stakeholders, provider groups, community organizations, associations, insurers and consumers

MHSAC Charge

- Plan for implementation of a PCMH
- Organizational structure
- Standards and a process for certification
- Education and training for professionals
- System simplification
- Reimbursement methodologies
- Integration with prevention and chronic care management

Medical Home Implementation

- Implementation of a statewide system in four phases
 - Children in Medicaid
 - Adults in Medicaid and Medicare
 - State Employees
 - All others with private coverage
- Lessons learned through work with providers
 - Implementation by payer source a significant barrier to creating practice change
 - Need to be multi payer



Components of a Medical Home System

- National Academy for State Health Policy – review of a system
 - Forming key partnerships
 - Defining and recognizing a PCMH
 - Reimbursement Reform
 - Supporting practice changes
 - Measuring outcomes

MHSAC Structure

- Workgroups
 - Certification- determining how medical homes should be certified in Iowa
 - Reimbursement- Bring together a variety of payers to determine a reimbursement model
 - Education- Education providers & consumers in Iowa about the medical home concept
 - Policy- determining & advancing policy goals

What is a Medical Home?

- What is a “medical home”?
 - A medical office or clinic where a team of health professionals work together to provide new, expanded type of care to patients.
- What are the benefits of a medical home?
 - Increased access to primary care
 - Higher patient satisfaction
 - Increased health outcomes
 - Cost benefits
 - Reduced health disparities & fewer hospitalizations



Key Features of a Patient-Centered Medical Home

- Engaged leadership
- Quality improvement strategy
- Empanelment (linking patient with a provider)
- Enhanced access
- Continuous, team-based healing relationships
- Patient-centered interactions
- Organized, evidence-based care
- Care coordination

Major Challenges to Implement the Patient-Centered Medical Home

- Requires intensive QI effort and committed local leadership
- Limited involvement of non-physician staff in clinical care
- Lack of IT with critical functions associated with better care, especially registries
- Lack of performance measurement
- Perverse payment system

MHSAC Recommendations

- *Building Block Recommendation 1:* Continue to develop and sustain the MHSAC to promote the PCMH concept as a standard of care for all Iowans
- *Building Block Recommendation 2:* Encourage and support the identification and implementation of a multi-payer reimbursement model that supports the PCMH.
- *Building Block Recommendation 3:* Support the current efforts to implement and expand the PCMH through existing infrastructures that educate providers and demonstrate best practices.
- *Building Block Recommendation 4:* Support health reform initiatives that address health care workforce needs, health care information technology and prevention and chronic care management.

MHSAC Achievements

- Development of testing the medical neighborhood/community utility approach through a pilot for children 0-5 in a selected practice.
- Develop and formalize certification standards to be used statewide and across payers
 - Administrative rules drafted and in process
- Participate in a Medical Home Learning Consortium hosted by the National Academy for State Healthy Policy
 - Participation assisted in design of IowaCare's Medical Home Concepts

MHSAC Achievements

- Two annual reports to the IDPH Director, Iowa General Assembly, Governor and other key stakeholders
- Statewide conference on Medical Home in September 2009
- Issue Briefs
 - Patient-Centered: What Does it Look Like?
 - Disease Registries
 - Currently underway: Prevention, Care Coordination, Community Utility
- The Check-Up
- Strong collaboration with Medicaid and Wellmark in working toward design of a Medical Home Multi-Payer initiative

MHSAC: Next Year

- Develop a multi-payer reimbursement pilot that demonstrates a return on investment and provides a framework for spread
- Use pilot to develop best practices within the context of needs for all Iowans
- Develop and formalize certification standards to be used statewide and across payers
- Issue Briefs:
 - Care Coordination
 - Community Utility
 - Social Determinants of Health